

00862.003176



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
HIROCHIKA MATSUOKA)
Appln. No.: 09/467,984)
Filed: December 21, 1999)
For: SIGNAL PROCESSING)
APPARATUS, IMAGE)
PROCESSING APPARATUS)
AND THEIR METHODS : May 27, 2004

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Technology Center 2600

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Prior to continued examination on the merits, Applicant respectfully requests that the above-identified application be amended as follows. The claim amendments are reflected in the listing that begins at page 2. The Remarks begin at page 10.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

May 27, 2004
(Date of Deposit)

LEONARD P. DIANA (Reg. No. 29,296)

(Name of Attorney for Applicants)

267.12
Signature
May 27, 2004
Date of Signature

Match and Return

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In re Application of:

Docket No.: 00862.003176.

HIROCHIKA MATSUOKA

Appln. No.: 09/467,984

Examiner: J. Grant, II

Filed: December 21, 1999

Group Art Unit: 2626

For: SIGNAL PROCESSING APPARATUS,
IMAGE PROCESSING APPARATUS
AND THEIR METHODS

Date: May 27, 2004

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Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 19	MINUS	** 22	= 0	x \$9 \$18	\$ -0-
INDEP. CLAIMS	* 9	MINUS	*** 9	= 0	x \$43 \$86	\$ -0-
Fee for Multiple Dependent claims \$145°/\$290						\$ -0-
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ -0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

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A Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$____ is enclosed.

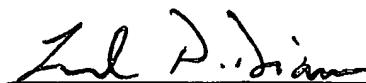
Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Patent and Trademark Office is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$____ to cover the Extension fee for response with a ____-month extension is enclosed.

A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below.



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